

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - **25502**

2. Fiscal Year Covered From:

1 / **1** / **2005** Through: **12** / **31** / **2005**

3. Name and address of person filing.

Name **Lovell** **K** **Kaopua Sr.**

P.O. Box, Bldg., Room No., if any

Street **41-265 Kauhohokahiki Street**

City **Waimanalo**

State **Hawaii** ZIP Code + 4 **96795**

4. Name, file number, and address of labor organization.

Name **Plumbers AFL-CIO, LU 675**

Labor Organization File Number **025-657**

P.O. Box, Building and Room Number, if any

Street **1109 Bethel Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96813-2209**

5. Position in labor organization.

Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Lovell K. Kaopua Sr.

On

04/23/2006

Date

1-808-426-1036

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAMCAH-UA ADMINISTRATIVE OFFICE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 409

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA LOCAL 675 TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 409

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

11.a. Nature of such dealing.

PAMCAH-UA Local 675 Administrative office provides administrative services to the various PAMCAH-UA Local 675 trust funds. Expenses of operating the office are prorated among the various funds

11.b. Approximate dollar value of such dealing.

\$1,100,000

12.a. Nature of interest held or income received.

Reimbursement for cost of participation in various conferences relating to trust administration.

12.b. Amount.

\$31,722

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

?

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Central Pacific Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 220 South King Street

City Honolulu

State Hawaii

ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii

ZIP Code + 4 96813-2218

11.a. Nature of such dealing.

Investment custodial service

11.b. Approximate dollar value of such dealing.

\$163,466

12.a. Nature of interest held or income received.

Estimated cost of dinner provided by Central Pacific Bank

12.b. Amount.

\$175

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Davis, Hamilton, Jackson & Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1600

Street 1401 McKinney Street

City Houston

State Texas

ZIP Code + 4 77010-4035

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii

ZIP Code + 4 96813-2218

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$26,044

12.a. Nature of interest held or income received.

Cost of dinner sponsored by above named group

12.b. Amount.

\$175

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Dodge & Cox

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 40th Floor

Street 555 California Street

City San Francisco

State California ZIP Code + 4 94104-1501

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA LOCAL 675 TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$432,472

12.a. Nature of interest held or income received.

Estimated cost of dinner sponsored by Dodge & Cox

12.b. Amount.

\$225

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Morgan Stanley

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1600

Street 1001 Bishop Street

City Honolulu

State Hawaii

ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH=UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite

Street 1109 Bethel Street

City Honolulu

State Hawaii

ZIP Code + 4 96813-2218

11.a. Nature of such dealing.

Investment Monitoring

11.b. Approximate dollar value of such dealing.

\$24,353

12.a. Nature of interest held or income received.

Estimated dinner cost

12.b. Amount.

\$100

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NWQ Investment Management Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 4th Floor

Street 2049 Century Park East

City Los Angeles

State California ZIP Code + 4 90067

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Investment management

11.b. Approximate dollar value of such dealing.

\$273,033

12.a. Nature of interest held or income received.

Dinner cost sponsored by NWQ Management

12.b. Amount.

\$175

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robeco USA/ Boston Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 905

Street 900 Fort Street Mall

City Honolulu

State Hawaii

ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii

ZIP Code + 4 96813-2218

11.a. Nature of such dealing.

Investment management

11.b. Approximate dollar value of such dealing.

\$98,290

12.a. Nature of interest held or income received.

Estimated cost bruch sponsored by Robeco

12.b. Amount.

\$135

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 120 Montgomery Street

City San Francisco

State California ZIP Code + 4 94104

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

11.a. Nature of such dealing.

Actuarial and consulting services

11.b. Approximate dollar value of such dealing.

\$165,504

12.a. Nature of interest held or income received.

Estimated cost of dinner sponsored by SegalCompnay

12.b. Amount.

\$125

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alston, Hunt, Floyd & Ing
Trade Name, if any:
P.O. Box, Bldg., Room No., if any P.O. Box 2281
Street
City Honolulu
State Hawaii ZIP Code + 4 96801-2281

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Suite 403
Street 1109 Bethel Street
City Honolulu
State Hawaii ZIP Code + 4 96813-2218

11.a. Nature of such dealing.

Legal services

11.b. Approximate dollar value of such dealing.

\$125,371

12.a. Nature of interest held or income received.

Estimated cost of dinner sponsored by Alston, Hunt, Floyd and Ing

12.b. Amount.

\$175